

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

REC'D PA PUC FISCAL
SEP 5 '18 PM 12:56

2017 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **APRIL 2, 2018**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: SUZANNE DIEHL STEWART	DECEASED 12/12	UTILITY CODE: 700392	Original App A-00109630
CONTACT NAME: C/O RICHARD E MYERS - EXECUTOR		EMAIL:	BPB 1083735
ADDRESS 1: 607 E PITTSBURGH ST		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: GREENSBURG PA 15601		PHONE NO.:	

OPERATING REVENUE FOR CALENDAR YEAR 2017 (January 1, 2017-December 31, 2017)
(Enter WHOLE dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE				
PA EXEMPT INTRASTATE REVENUE (Please see attached "Exempt Revenue instructions" for applicable Number)				
A. #	NINE			
B. #				
C. #				
D. #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)				

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UCR REGISTRATION INFORMATION

2018 UCR Registered YES NO US DOT #: _____

Internal Use Only

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AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Utility Name

Signature

Date _____

Name (Printed)

Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

The owner is deceased. No operations since 2013.
Reason(s) _____

Richard E. Myers, President
Signature _____

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

(Signature of Individual or Officer)

(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

TELEPHONE NO.:

Office () _____

Other () _____

Other () _____

NOTARIZATION

(Required)

Subscribed and sworn to before me this

_____ day of _____ 2018

NOTARY SIGNATURE

OFFICIAL TITLE

OFFICIAL SEAL

(Date My Commission Expires)